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CONFIRMATION NO. 4016

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APPLICANTS

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*AA*

\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/404,692 08/20/2002

*AA*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*AA*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 11/11/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Oliver M Allen</i> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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ADDRESS  
 000023845  
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 91355

TITLE  
 System and method for insertion of a device into the brain

FILING FEE  RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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